

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING
ADMINISTRATION**

1. TRANSMITTAL NUMBER

01-06

2. STATE:

ILLINOIS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:

May 11, 2001

5. TYPE OF PLAN MATERIAL (*Check One*)

* NEW STATE PLAN

* AMENDMENT TO BE CONSIDERED AS NEW PLAN

* AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(r)(2) of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2001 \$ 1.8 million
b. FFY 2002 \$ 4.5 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Add new page, Supplement 8A to Attachment
2.6-A, Page 3, immediately following
Supplement 8A to Attachment 2.6-A, page 2.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (*if Applicable*):

None

10. SUBJECT OF AMENDMENT:

Income Disregard for the Medically Needy.

11. GOVERNOR'S REVIEW (*Check One*)

- * GOVERNOR'S OFFICE REPORTED NO COMMENT
- * COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- * NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

* OTHER, AS SPECIFIED:

Not submitted for review by prior
approval.

12. SIGNATURE OF AGENCY OFFICIAL:

/s/

16. RETURN TO:

**ILLINOIS DEPARTMENT OF PUBLIC AID
201 SOUTH GRAND AVENUE, EAST
SPRINGFIELD, IL. 62763-0001
ATTENTION: John Rupcich**

13. TYPED NAME: **Jackie Garner**

14. TITLE: **DIRECTOR**

15. DATE SUBMITTED

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **4/4/01**

18. DATE APPROVED: **4/15/01**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **5/11/2001**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME
Cheryl A. Harris

**Associate Regional Administrator
Division of Medicaid and Children's Health**

23. REMARKS:

Revision: HCFA-PM-91-4
JANUARY 2000

(BFD)

SUPPLEMENT 8A TO ATTACHMENT 2.6-A
Page 3
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOIS

MORE LIBERAL METHODS OF TREATING INCOME AND RESOURCES
UNDER SECTION 1902(r) (2) OF THE ACT*

☒ Section 1902(f) State

☐ Non-Section 1902(f) State

6. For the medically needy aged, blind and disabled program, the State will disregard countable earned or unearned income equal to the difference between the income eligibility standard established under Section 1902(M) (1) of the Act and the State's medically needy income eligibility standard for the appropriate family size.

TN No. 01-06

Approval Date _____

Effective Date 05-11-01

Supersedes

TN No. _____

HCFA ID: 7985E